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Original Articles.

THE RAILWAY HOSPITAL. ITS NECESSITY AND BENEFITS.*

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[Chief Surgeon South Florida & R.R., member National Association of Railway Surgeons, American Medical Association, American Public Health Association, President Florida State Medical Association, etc.]

IT is not the intention of the writer to burden this Association with an elaborate paper on the subject of Railway Hospitals; so much has been written in the past two years that it would prove a difficult task for him to add anything of interest to the existing literature. If I succeed in inciting a full, free and impartial discussion, the object of this paper will be attained.

A few years ago, the surgical service of our railroads was regarded as a necessary evil, and was never provided for except in case of accident or injury. An organized surgical department was unknown.

*Read at Annual Meeting of Railway Surgeons of New York, at New York, November 16, 1893.

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be brought out more forcibly by comparison, we will briefly take up and consider the main points in the four divisions.

THE RELIEF SYSTEM.

The Relief System (so-called) derives its revenue from the employes, by the assessment of each employe according to the amount of wages he earns and his position. The lowest assessment is seventy-five cents per month, and the highest, five dollars per month.

What benefit does the employe receive? When disabled by sickness or accident *while in the discharge of duty*, he receives benefits for one month after he ceases to receive wages. After he resumes work, he can draw benefits for one month, or until the first pay-day after he begins to work. How much may he draw? The smallest class receive fifty cents per day for the six working days; the highest class who, for the nature of their work are rarely injured, receive two dollars and fifty cents per day. In case of death while in line of duty, he will receive five hundred dollars, but if not in line of duty, he shall receive two hundred and fifty dollars. There are other associations which pay a benefit for fifty-two weeks, fifty cents for each working day for twenty-six weeks, twenty-five cents per day for each working day for twenty-six weeks, or a total of seventy-eight dollars—it matters not how long he be disabled.

The employe is further entitled to surgical treatment for accidents occurring in line of duty, but in case of sickness or in case of accident not occurring while in line of duty, he must pay his own doctor bills. If he goes to a hospital, the association furnishes the surgical treatment, but the employe must pay his board.

In other words, the smallest contributor, who is the one usually injured, must support himself and family, must pay for his medicines, and pay his doctor bills—out of three dollars per week.

In my opinion, there is only one redeeming feature in this system, and that is, that the association requires those who desire to join it, to pass successfully a physical examination. I believe all railroads should require this of every employe, more especially the train crews, from engineer to flagman.

Dr. Reed, who has given this system much study, will open the discussion on this paper, and no doubt, will enter more fully into the merits of the Relief System.

A SURGICAL SERVICE WITHOUT A CHIEF SURGEON.

A surgical service with a non-professional head. Surgeons are appointed by the Superintendent or General Manager who, no doubt, appoint the very best men that can be obtained, but the question arises, is the Superintendent or General Manager competent to direct or guide a surgeon, after the appointment has been made? If a company wishes to construct a bridge, would they select the car accountant as constructing engineer? Should they then expect a successful, humane, or economical relief service with a non-professional man at its head, to direct its management, receive and consider reports made by its surgeons? "To medical men belong medical things."

Enquire into the amount of damages paid by roads that have adopted this system, and you will find that they are far in excess of damages paid by those roads that have the best surgical service possible.

A SURGICAL SERVICE WITH A CHIEF SURGEON.

A vast improvement over the first and second divisions. The chief surgeon selects his own staff of assistants, only surgeons of recognized ability and integrity are appointed; he organizes his department, and all necessary appliances are furnished for the speedy relief of unfortunates, he can receive and intelligently consider the reports of local surgeons, and thereby be of great assistance to the superintendent in "sifting the chaff from the wheat."

The great difficulty in the way of making a success of this system, especially in the South, is the fact that accidents will persist in occurring in out-of-the-way places, where accommodations cannot be had for the injured, or, if near a village or town, it is extremely difficult to induce the proprietor of hotel or boarding house to receive as guest one who will cause much confusion and trouble; if you are successful in securing accommodations, it will be at a heavy outlay

for alleged destruction of bedding, extra attention, etc., "ad nauseam."

The second and third divisions are an expense to the employes; there is no economy in them for the company—enormous sums are paid out yearly for board, nursing and surgical attention to employes, passengers and tramps.

The fifth report of the Interstate Commerce Commission recites the fact that 28,267 employes and 3,227 passengers were injured during 1892—one employe to every twenty-nine employed, and one passenger for each 1,491,910 carried.

What then must be the expense to those railroads that pay these bills. The writer is local surgeon for two systems of railroads whose lines terminate at Sanford, whose management have adopted this plan, and I can assure you that it is expensive and unsatisfactory; many of the employes have expressed themselves as both willing and anxious to be assessed, and treated as employes of the South Florida Railroad are. As in the first two divisions, when an employe is sick or injured when not on duty, he pays his own bills.

THE HOSPITAL SYSTEM.

The Hospital Department is a comparatively new division of the surgical service of our railroads.

The Missouri Pacific, I believe, was the first railway company to organize a hospital system, and within a few weeks, the South Florida completed its organization. Many other companies have since organized this system, and each year adds to the list. The South Florida is the only company in the South that I have a knowledge of, which has a hospital exclusively for the benefit of employes.

While the writer recognizes the fact that different localities would require perhaps, various plans of organization as to working details in a hospital system, yet the general principles underlying them are the same.

In the spring of 1882, without being cognizant of any previous organization of like character, Mr. B. R. Swoope, Superintendent of the South Florida Railroad, conceived the idea of establishing a hospital for the care of both sick and injured employes, and on his endorsement, the management authorized such an organization.

The organization consists of an Executive Committee and a Chief Surgeon. The Executive Committee is composed of the heads of each department, with the Superintendent as chairman.

The committee authorizes the Chief Surgeon to organize the department, giving him full power to appoint local surgeons, and arrange and perfect all details to the best interest of both employer and employee.

The necessary funds for maintenance are raised by assessment—each employe, except general officers, being assessed fifty cents per month, the latter one dollar per month, the company assesses itself sixty-six and 66/100ths dollars per month. This money is collected each month, and is designated as "The Hospital Fund." If, at the end of the month, there is not sufficient money to the credit of the fund to meet the indebtedness, the company donates a sufficient amount to cover vouchers.

The organization of the surgical staff is complete yet simple; there are only four blank forms used—a surgeon's order blank, a discharge check, an immediate report, and a monthly report. The order blank admits the patient, the discharge check discharges him when cured, the immediate report is sent in, in case of personal injury, by the local surgeon, giving name, whether employe, passenger, or neither, manner of occurrence, extent of injury, and the character of dressing use. All other details are sent to the Master of Transportation direct, by the official in charge of train, or in whatever department the accident may occur.

Local Surgeons are at all the important points on the line of the road. Each surgeon is supplied with a stretcher and necessary medicines and surgical dressings. When an accident occurs a temporary dressing is applied, and the patient sent to the hospital on the first passenger train. If the injury is of a serious nature a special train is provided, and the injured are brought to the hospital as speedily as possible, and just here let me say that I do not think any system complete, that is not provided with one or more "relief cars."

Except where necessary for the preservation of life, no operation is performed outside of the hospital.

In case of sickness the local surgeon prescribes and furnishes the medicines necessary, and if, in his opinion, the employe will be unfit for duty for several days, he is ordered to the hospital, where he will receive board, nursing, medicine and medical attention until he is able to return to duty. In addition to being taken care of until fully restored to health, in case of injury, the employe is paid half-time while in the hospital, and if, in the judgment of the Superintendent or his legal advisers, the company is at fault, he is voluntarily tendered a just compensation for the injury received. As a result of this fair treatment, the company which I represent finds itself free from damage suits.

For six dollars per year (except for the general officers, who pay twelve dollars per year) an employe receives, in case of sickness or accident, (whether the sickness or accident occurs while on duty or not), his board, nursing, medicine and medical or surgical attention for as long a time as he may be disabled, be it five days or five years. Need I say more as to the benefits of the Hospital System?

What, then, are the necessities for this system?

The question is very forcibly answered in an article by Dr. Clinton B. Herrick of your city, published in the October number of *The International Journal of Surgery*, which I quote — 'Take the usual instance where a man is severely injured, say one or both legs or arms crushed. Is it not enough for one to be so mangled, when every nerve of his body adds to his misery; but no, he is usually tied up with a rope, old rags, or aught else lying about, by his comrades, as best they know how, lifted into the first train, possibly some time after being hurt, with crushed members dangling behind him unsupported, sent along the road many miles in cold, damp cars, each start and jar of which almost closes the scene. Soon after, he is again hustled into an ambulance and hurried to a hospital. And what is his condition when arriving there, and what chances are left for the surgeon to work on? Usually he presents a pallid, grimy appearance, pulseless, cold and stupefied; the crushed leg or arm so mixed up with clothing, gravel, sticks, and the like, as not to look

like anything but bloody rubbish.'

"What untold agonies has that man endured since the receipt of his injury, no one can realize."

"It has been my experience to bend over more than a few of such cases, and say Nothing can be done for this poor man. He could not stand an operation; he has been bled and jostled to death, and so, he has died."

"Even if less severely injured persons be brought to the surgeon, as they more than frequently are, their systems have been drained to a low ebb, the wounds have been poisoned by long contamination with dirt to that degree that a good result can only be hoped for."

"And how can all this be averted? By simply taking the surgeon to the patient, instead of taking the patient to the surgeon."

Is there any necessity for the Hospital System?

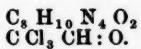
A letter addressed to Mr. B. R. Swoope, Superintendent of the South Florida Railroad, and Chairman of the Hospital Executive Committee, requesting his views as to the necessity for, and the benefits of a railway hospital, was answered in the following brief and concise manner:—First, a properly organized hospital service is essential, in my opinion, to every railroad of any size, from the fact that it is almost impossible (if not quite so) to secure the necessary medical and surgical attention in cases of personal injury to either passengers or employees through any other channel. Further, employees can receive medical treatment in a hospital with competent nursing and proper food, by which they are restored to health quicker than if treated elsewhere, and the company receives the benefit of having its men in their accustomed places, instead of having them filled by less competent parties. Second, the benefits to be derived from a hospital service are wholly mutual to employer and employee. The two are bound closer together, and fully realize that their interests are common to a great extent, and each individual who contributes toward the maintenance of such an institution feels that a certain part of the responsibility connected therewith is upon him, ensuring greater success than could otherwise be attained. The employees

receive whatever medical and surgical treatment may be required at less expense to themselves than could be had elsewhere, and in such cases where employees have no families, a home is provided for their care and comfort while sick; in cases of personal injury the railroad is saved hundreds of dollars annually in settlement of claims, as well as in the payment of surgeon's fees, which it would be compelled to assume, it being a well-known fact that the ordinary jury will decide a case in favor of the "poor" individual injured, and against the "wealthy" "soulless" corporation: without regard as to whether the evidence exonerates the latter of all blame or not."

ON THE ACTION OF CHLORAL CAFFEIN.

By GEO. W. RACHEL, M.D.

CHLORAL-CAFFEIN is a molecular combination of those two substances, in the proportion of one molecule of one, to one molecule of the other. Its formula is:—



It consists of white, glistening crystalline scales which very readily dissolve in cold water. For this reason it is very well adapted for hypodermic injections.

In the presence of alkalies it decomposes into caffein and chloroform.

Prof. Ewald of Berlin, has experimented with the new drug in his division at the Augusta Hospital, and reports a number of cases in which it showed its peculiar therapeutic properties.

In a series of thirteen cases of *constipation*, he administered chloral-caffein, and its success as a mild laxative was evident in twelve of them; only in one case it failed to act, and high irrigations had again to be resorted to. In these cases constipation had existed for a period of not less than three, nor more than six days. He injected subcutaneously from 0.2 to 0.4 gms (3 to 7 grains) of chloral caffein, and within three hours, at the latest, the passage of soft stools would take place.

In one case one ounce of castor-oil and a high irrigation had been administered

the previous day. Five days after the chloral-caffein had been successfully taken, constipation set in again. Now, 0.4 gm. (7 grains) of the new drug were administered subcutaneously every two hours (no castor-oil) with the same success.

One of the patients had dilatation of the stomach with attacks of gastralgia. He was given an injection of 0.3 gm. (5 grains) of chloral-caffein. The next morning, the patient stated without having been questioned in this respect—that he had had a soft passage a few hours after the injection, although his stools were always quite hard and solid.

Eight *rheumatic* patients who had been treated unsuccessfully with salicylate of soda for a period of time, varying from two to seventeen days, chloral caffein was administered subcutaneously to the amount of from 0.2 to 0.4 gms (3 to 7 grains) in twenty-four hours. In seven of these cases the pains as well as the swelling of the joints subsided.

A case of *sciatica* was treated with daily injections of 0.2 gms (3 grains) for several days, when the pain completely subsided. In one case of *rheumatic pains* in one *hip joint* and in both *testicles*, the drug brought about a considerable improvement. The same is reported of a case of *saturine poisoning with severe pains* (lead-colic?).

Two cases of *pulmonary emphysema* with severe asthmatic attacks had been treated with morphine unsuccessfully; one injection of 0.2 gms (3 grains) of chloral-caffein quickly conquered the asthmatic trouble in each case.

In a case of *nephritis with myocarditis* and *constipation*, the asthmatic attacks as well as the constipation were favorably influenced by injections of the drug.

In two phthisical cases where sensitiveness along the spinal column existed, the injections, however were without any effect.

From these observations Prof. Ewald concludes that the injections of this drug in cases of moderate constipation have a mild laxative action, while irritation of the peripheral nerves is influenced by them in a manner to quiet and abolish the pain. It is doubtful how much of this action is due to the caffein. Experiments with animals have shown that in

non-toxic doses the action of the caffein is of very little account in comparison with that of the chloral ; this is in accord with the well-established experience that in all similar combinations of chloral with some other body *e. g.* urea or cyanogen, the specific action of the latter is almost completely obliterated by the action of the chloral.

In view of the comparatively small number of cases and the somewhat obscure mode of action of the new drug, Prof. Ewald prefers not to give any opinion about a definite specific action of chloral caffein.

I have made use of the drug in three cases and can corroborate Ewald's experience.

The first case was one of intestinal obstruction in a ten-year-old boy. He was suffering with lancinating pains in the ileocecal region for nine days. In the beginning he had pretty high temperature (104°) and a very small rapid pulse (132). He remained in about the same condition for several days. On the fifth day after I saw him first he had a strong desire to defecate. As I dreaded the effects of the straining on account of its possibly effects on the seat of the trouble, I gave him two doses of 0.4 gms ($6\frac{1}{3}$ grains) of chloral-caffein within an hour. About four hours after the first dose he had a soft passage without any straining. This was followed by two more evacuations and the relief afforded was considerable.

He went on fairly well after this, and on the seventh day a spontaneous passage took place, from which time the boy began to recover. The perityphilitic process was completely over by the end of the third week.

The other case was that of a lady, aet 54, who had a severe attack of biliary colic. After the pains had somewhat yielded to the usual treatment, I ordered sweet oil to be taken pretty freely. The patient took about a pint in the course of 16 hours without effect. High irrigation was then resorted to several times without avail. I then prescribed on the fourth day chloral-caffein in doses of 0.2 gms ($3\frac{1}{3}$ grains) every two hours. Six hours after the first dose, when she was preparing to take the fourth dose, a copious evacuation of a pulpy consistency,

containing numerous hard scybala, took place, which was followed by a number of more passages to the great delight of the patient. There was no outward effect, although the patient, who is a very stout person with incipient fatty heart, took 0.6 gms (10 grains) altogether.

The third case, a young girl of 19, who has been a sufferer from constipation for many years, and with whom every purgative or laxative fails after a while to act, was found to get relief from bicycling only.

When she was unable to follow that sport her old trouble would set in again. I then gave her chloral caffein, and after two doses of 0.2 gms ($3\frac{1}{3}$ grains) she had the desired relief. The same effect was obtained a few weeks later when she had again been confined indoors for sometime.

Dr. I. Neuman, of this city, has kindly furnished a report of a case whom I saw with him a few months ago. He writes :

"M. G., male, 32 years, an active business man, who has never been sick until six years ago, when he had some liver trouble, the nature of which I could not determine. Has had cough and expectoration for several years; looks pale and badly nourished.

"In March last he had a pulmonary hemorrhage; left his bed after three weeks. Another attack on May 10, which was followed by a third three days later. During the second week of his illness he complained of severe colicky pain in his abdomen and vomited greenish matter. He had not had a passage for several days. The abdomen was metroristic, very hard to the touch; the pain was located in the epigastrum, shooting toward the right hypochondriac region; slight enlargement of the liver; temperature normal; pulse quick and small; irregular; urine very dark.

"On May 22, when he saw the patient with me for the first time, we agreed on the diagnosis of cholelithiasis. The pain was at times very severe, and opium, morphine, codeine, chloral in pretty free doses could not subdue it.

"Constipation did not yield to rhubarb, senna or other laxatives. Only several high irrigations, preceded by an injection of about 15.0 gms ($3\frac{1}{3}$ ss) of gly-

cerine, would enable patient to discharge a few hard scybala. On this same day (the fourth), three calculi were passed with painful tenesmus. One was the size of a hazelnut, the two others very small. Then, on your suggestion, chloral-caffein was given, 0.5 gms ($7\frac{1}{2}$ grains) every two hours. After the third dose a free and painless passage took place, quite copious, of a soft consistency, followed by another one in about an hour. Next day one dose had the same effect. I was thus enabled to dispense with the high irrigations, which, as the patient was in a very weak condition from the pain and the previous loss of blood, was very fortunate. There was never any untoward symptom accompanying the action of the new drug. I am at a loss to say what the quiet laxative action of chloral-caffein is due to. Chloral the patient had been taking in pretty large doses without effect. Should the caffein or the happy combination of both drugs be effective?"

Dr. I. Morvay, Rottenberg, has used chloral-caffein in two cases. He writes :

"The first patient was a lady of 25, who, on account of a complication of diseases, viz.: nephritis, cystitis and anteversion of the uterus, had been abed for twelve weeks. She was constipated, and had severe attacks of colicky pain in the abdomen, against which opiates could not be given on account of an existing idiosyncrasy, beginning with vomiting and ending in a state of great excitement. But paraldehyde, sulfonal and chloral did not have any influence in safe doses. So I tried the chloral-caffein, as there had also been no passage for a number of days. After she took 0.5 gms ($7\frac{1}{2}$ grains) she had a severe attack of cyanosis, some loss of consciousness and great prostration, lasting about half an hour. But the pains left her, and shortly after she had a copious passage of a soft character, containing hard pieces of the size of a walnut. After a few days another like dose was given. The effect on the pains was not so marked, but no collapse took place, and an easy passage followed.

In another case, a 20-year-old girl with peritonitis, the soothing action on the pain was very marked, but, as she had previously taken large doses of opiates, a passage did not take place until the next day."

Where a narcotic action is desired, therefore, but where the constipating action of the preparations of opium is not advantageous, the new drug is certainly of great value.

CARBOLIC ACID USED IN FULL STRENGTH IN SURGERY.*

By OSCAR H. ALLIS, M.D.,

[Surgeon to the Presbyterian Hospital.]

SURGEONS in early days of antiseptic surgery attributed their success to carbolic acid. As introduced it was employed in a dilute aqueous or oleaginous solution. For a time it was the sole antiseptic. To-day it is mainly used in general surgery as a bath for surgical instruments. Few surgeons will demand a reason for its abandonment. Few have not personally experienced its numbing effects, and have thus been able to assign the collapse following its employment to something different than loss of blood, shock of operation or anesthetic.

With such an experience of carbolic acid in its dilute form I confess that I was quite astonished to learn from my friend, Dr. B. F. Gardner, of Bloomsburg, that he was in the habit of using the article in its full strength upon extensive cut surfaces, and that, too, with the happiest results. As this article owes its entire value to Dr. Gardner, I will give in detail his method.

When Lister introduced his paste Dr. Gardner used it quite extensively. After an application to quite an extensive wound surface he was surprised to find it turn white, and that he had used pure carbolic acid. He therefore immediately washed the surface and dressed the wound keeping it open until oozing had ceased. The case did so well that it inaugurated with him a line of treatment that he has extensively employed. As a typical application let me take an amputation of the female breast. After its removal and the ligation of the bleeding vessels, carbolic acid crystals, dissolved in sufficient water for solution, are applied with a sponge to all parts of the cut surface. Immediately upon the application of the acid the tissues turn white, which is a guarantee of

*Read at the meeting of the Philadelphia Academy of Surgery, October 2d, 1893.

its thorough action. The wound surface is then washed with water previously sterilized by boiling, and then approximated with provisions for drainage. This is especially necessary, as for twenty-four hours the oozing must find ready exit. During the first few days there is a slight local hyperemia along the borders of approximation, but this declines without crisis.

Dr. Gardner claims for carbolic acid applied in officinal strength :

1. That no systemic absorption attends its use, and hence no danger of shock.
2. That it is a local anesthetic. Hence there is not as much pain after the operation.
3. That it is in a measure a hemostatic, acting especially upon the capillary vessels.

I have taken the removal of the mamma only as an illustrative case. In all operations outside of the pleuritic and abdominal cavities, such as amputations and resections, Dr. Gardner resorts to it.

In hydrocele he lays open the sac freely, then applies carbolic acid to the tunica vaginalis, and concludes with packing or drainage. The operation is not followed by excess of any kind, and recovery is prompt. He has used it in gunshot wounds of the knee and ankle. If he gets such a case after suppuration has set in he freely opens the joint, applies the carbolic acid to every part, washes out all excesses freely, secures ample drainage with fixation, and confidently awaits the result. Ankylosis may follow, but this will depend on the extent of the injury, the delay in treatment, the conduct of the patient. Dr. Gardner has used bichloride of mercury, hydrogen peroxide, iodoform, etc.; none of them has answered the claims made for them; all have disappointed him, but pure carbolic acid *never*.

I have said that Dr. Gardner does not use this upon serous membranes, *i. e.*, within the abdomen. I must modify this statement. In a case of strangulated hernia, in which he found patches of sphaerulus—not deep but threatening—he cautiously applied the pure acid and returned the gut. Fortunately the strangulation had been arrested by operation in time to save the gut. Nothing eventful in the subsequent history, which was speedy.

I do not know Dr. Gardner's theory of the actions of this powerful drug, and shall attempt no explanation. The turning of the wound surface white is due probably to the coagulation of the albumen of the tissues and fluids of the wound surface, and not that the acid has a necrotic effect. That it does not produce a true destruction of tissue may be inferred that after a large breast or thigh amputation he will have primary union and no suppuration. In its use in hydrocele a half drachm or more is injected into the tunica vaginalis, and resolution without suppuration ensues. It is possible that by its action upon the wound surface an action similar to that obtained by heat may be produced, and thus facilitate repair.

I will conclude this article by briefly stating my own experience with it.

On entering the wards of the Presbyterian Hospital I found that one of my amputations of the thigh had not done well, and looking at the stump found it swollen and of an angry threatening character. The seam of approximation was perfect. I therefore removed all the sutures, and separating the flaps found them almost in a state of gangrene. Taking pure carbolic acid, I applied it freely, pressing it into the tissues with the sponge applicator, removed the excess, and packing the space between the flaps renewed the dressing. This was done without anesthetic and without apparent pain. The exposed surfaces soon began to granulate, when they were approximated and recovery soon followed. I have also frequently applied it upon a carrier with cotton to sinuses, and after curetting glands.

DISCUSSION.

DR. H. R. WHARTON : I would like to ask if Dr. Allis has seen carbolic acid poisoning from the use of the agent in this way. I have never seen much trouble from the use of carbolic acid except in children. At the Children's Hospital I have seen two or three cases where its use has produced a marked constitutional effect. In one instance where a large nevus was dressed with carbolic acid application there was a dark-colored urine and other symptoms of poisoning.

DR. WILLIAM J. TAYLOR : I think the application of pure carbolic acid to a fresh,

clean surface, such as is left after the removal of the breast is totally unnecessary. If you have a thoroughly clean skin, clean instruments, ligatures, and hands, you will have primary union. If such a fresh surface is smeared with carbolic acid there will be a large amount of oozing. My experience with a few cases where strong carbolic acid solutions were used a number of years ago was that healing was much retarded.

As an application to suppurating surfaces such as Dr. Allis speaks of, and where you wish a cauterizing and disinfecting action, I consider carbolic acid one of the best agents that we have, and use it frequently.

DR. W. JOSEPH HEARN: If carbolic acid is applied to a raw surface, otherwise healthy, one would expect to have a certain amount of necrosis of the tissues. Some cells will be destroyed, and afford a soil for the propagation of germs.

DR. RICHARD H. HARTE: Dr. Levis was in the habit of using carbolic acid for its cautery effect. I remember several cases where he used it freely, producing large sloughs over the posterior surface of the thigh.

DR. ALLIS: In regard to poisoning Dr. Gardner claims immunity from poisoning from the fact that the application sears the whole surface and closes the small vessels, and nothing is taken into the system. Dilute solutions are rapidly taken up. In one case where I operated on two herniae in the same individual there was a good deal of collapse following the use of a dilute solution of carbolic acid.

I am not prepared to say whether it has a necrotic action or not. I do not understand how Dr. Gardner gets primary union using it as he does if it has such an action.

I think that Dr. Gardner probably began its use with the idea that there might be left after amputation of the breast some cells which it would destroy. I do not bring this forward thinking that anyone will be led to use it in these cases, but there is a big lesson in this use of carbolic acid. There are places where it is valuable, for instance, in deep sinuses and pus tracts. I have injected it into a psoas abscess so that it would run out—probably eight ounces—without the slightest constitutional effects.

I can subscribe to what Dr. Harte says. Care must be taken that the carbolic acid does not come in contact with the skin. If it touches the skin it will blister it, but when applied to a raw surface it does not have the effect which we should expect. In a few cases where it has been injected into the tunica vaginalis the patients have almost died, but in a large majority of cases carbolic acid pure in hydrocele effects a happy cure and without suppuration. Hence without necrotic action.

In collecting some cases of accidents in the treatment of hydrocele such cases were reported to me.

As to whether or not the application in recent surgery is necessary or advantageous I leave that for individual opinion. I have seen bichloride solution do as much mischief as carbolic acid probably could do in preventing primary union.

DR. L. W. STRINBACH: In speaking of the use of carbolic acid Dr. Levis has been referred to. A number of years ago I had the pleasure of assisting Dr. Levis in the removal of an ovarian cyst in private practice. At that time the spray was used. The assistant who had charge of the spray put the carbolic acid in the bottle and the water on top of it without mixing the two, so that a spray of pure carbolic acid was delivered into the wound and on to the operator's hands. The doctor's hands became so benumbed that he was unable to introduce the stitches. The woman, however, made an excellent recovery.

Of course every one knows the good success of Dr. Levis in the treatment of hydrocele with carbolic acid. He was careful that none got into the connective tissue or on the scrotum. I never saw an accident in any of his numerous cases.

THE PLINY CURE FOR INEBRIETY.
—Dr. Robertson says, in the *Pacific Medical Journal*, "I will match Keeley's secret as regards remedial value and scientific acumen with one I recently found in the 1601 edition of Philemon Holland's translation of Pliny: 'For to avoid drunkenness, take the lungs of an hog, be it bore or sow, it matters not, in like manner of a kid, and roast it; whosoever eateth thereof fasting shall not be drunk that day how liberally soever he take his drinke.'"

Lecture.

THE PHILOSOPHY OF MAN.

By JAMES E. GARRETSON, A. M., M. D.

(Continued from last number.)

MAN and his world accepted as identical, the cogito, ergo sum of Des Cartes in the simple and only start point of understanding. But here a query, and a pertinent one: Has it been shown that man and his world are one? It is answered as having been shown, or let us say as showable, that all so-called realities, all and everything esteemed the natural world, as these are recognized by both common and educated sense, are never else to a man than what he finds himself able to make out of them. Allusion here is, as understood, to things dealt with by eyes, ears, taste, touch and smell; for it is relation with these phenomena alone that has as yet obtained any consideration. Does such or similar means of relation hold with the so-esteemed spiritual things? Here, a foundational premise that demands for our wider understanding of man's world, absolute recognition. Nothing relates with a man otherwise than through a sense. Things known through tongue are not known through ears; eye sees, touch feels, odor is not where there is no smell. Is there a means that takes hold of and deals with existence not seeable by eyes, touchable by touch, hearable by hearing, tasteable by taste, smellable by smell. If there be not, then have we already compassed man's world on a principle lies, and there is nothing, apart from the objective, that relates with or can concern us; this is demonstrable in the proposition that the office and meaning of a thing are one with the capability of a thing.

These we start in a search after the spiritual. The Spiritual or Subjective is to a man what the Material or Objective is—it is what he is able to make out of it. As Objective is one as to its manifestations with degree of education residing with organic senses, so Subjective is one with degree of cultivation residing with Sensitivity. As we know

so well what Objective is let the Subjective claim from us a moment for its analysis. In contrast, Subjectivity is seeing, hearing, tasting, smelling, feeling, independently of eyes, ears, tongue, nostril and finger, *but not independently of a sense or senses*. Are there other than the organic senses? This surely, if there be things that concern man, which things be not within the capability of his organic senses; such other senses different, however, only where practically viewed, as the hearing sense is different from the seeing sense.

Subjectivity or Sensitivity is one with egoistic; meaning by egoistic the I, the That which knows itself independently of environment; that I of child which no mother has ever seen upon the retina of her natural eye; body being between, the I recognized in the cogito, ergo sum.

Does this I hear independently of ears? Does I see independently of eyes. Consider what from all time have been, and are, recognized as inspirations; powers that ring down through the ages, visions that come to sleepers, music heard by ears long deaf. Is an invention else than sight of a thing existing in the Subjective world until the Seer materializes it, thus bringing it from the one world to the uses of the other. Ponder deeply on such problem, for with it, and not anywhere else, is all that theology has to talk about. Here we are to go slowly, remembering we discourse as philosophers. A sixth sense, not assumed, but self demonstrating, is the egoistic. To appreciate it we may consider the employed existing with a flute player, the importrayed seen by a poet, the invention too mistily seen by an inventor to allow of imitation. Consider the world within would live in when Cerebrum and its associate senses are sound asleep; body dead is Ego not alive. Are eyes over which lids are tightly closed found necessary to vision? Are ear drums fast shut and locked a necessity for hearing? On the contrary; are not brighter illuminations discovered? sounds heard such as never ravished bodily ear? odors inhaled such as olfaction never smelled? when the sensitive sleeps in body?

For purposes of plain demonstration attention is directed to a skeleton. Will

a skeleton move of itself? It is not seen to do so. The bones constituting a skeleton are found having their various movements by reason of muscles related with and acting on them. Muscles, then, are to be accepted as the movers about of human bodies? Only indirectly. When nerves which are met with running into muscles are cut, movement stops instantly—as in paralysis. It is then the nerves that are the movers about of human bodies? Still only indirectly. If nerves be separated from the brain they are helpless, as production of motion is concerned, as strands of cobweb would be found. It is then necessarily the brain that is producer of motion? Still again only indirectly. Brains, human and of brutes, are to be found in number filling the great jars and occupying places upon the shelves of dissecting rooms, but no one of them has been known to break from its confinement or change locality.

Analysis of a brain shows a construction of wonderful likeness to a telegraph system. Dissections of hundreds of brains, and of their allied relations of nerve-cords and ganglia, made by the writer in a long experience as an anatomist, resolve the complexity into a simplicity as follows, namely, what a battery and cords are to an electrician, that exactly the nervous system is to the user of it; again, the nervous apparatus is to the user of it precisely what a piano is to a composer or player. The understanding to be conveyed is that the nervous system is simply, wholly, absolutely, an instrument. Except that it is a more complicated instrument as to construction, it is nothing at all different from a shoe which serves its purpose of covering a foot, from a type-writer which makes letters in response to touches, from a wire and a battery which obey commands and convey messages, or from a violin which screams tones of anguish or laughs peals of merriment, which tones and peals are with him who draws the bow, and not acts of the instrument; seeing that when instrument is separated from a player it is nothing but wood and strings.

Truly, the brain is so identified with things known to Ego that it may be likened, not inaptly, to many things. It is a mirror; it is a sounding-board; it is a

hewer and carrier; it is a builder and destroyer; it is a navigator of the sea and as well as a traveller through woods; it is the physician working at problems of diagnosis; it is the mathematician conning over questions in figures; it is all that exhibits individual direction and intelligence; yet, exactly after a like manner the battery and cords of a telegraph are to be considered. A telegraphic apparatus is a messenger; it carries and brings; it is a lamp to dark places; it is a surgeon cutting with saws; it is a navigator steering his vessel; it is a musician playing on a great organ; it is any and everything which is expressive of office performed by it.

A telegraphic apparatus is means of expression, nothing else. A cerebral apparatus is means of expression, nothing else.

Brain is mind-instrument Mind is instrumentation.

A brain separated from its user is little more than its bulk of water. If the bulk be squeezed to dryness between the hands or by means of a press, so completely does the mass disappear that a thimble will hold the residuum. Subject water thus obtained to the action of heat, and in a few moments this will disappear, as, in turn, will the solid residuum if subjected to a like influence.

Man says, "I see," "I feel," "I taste," "I smell," "I hear." The man expresses himself correctly. Certainly it is not a simple lens called the eye that sees. A man never thinks that it is his spectacles that look. What sees is the Self, the I. Optical apparatus, whether the ordinary organ of sight, a set of prepared glasses, or what else in the line of vision, are media of communication; nothing different, nothing else. The means of smell, but not smell itself, lie with a collection of delicate strings. Hearing is by means of a semi-pulpy cord. Touch is accomplished through the instrumentality of white, hard strings several feet, many of them, in length. When, on the contrary, man says, "I am heated, I am cold, I am hungry, I am famished," he speaks incorrectly, as here are indicated conditions of the environment and not any state or need of the Ego.

(To be continued in next number.)

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THE WINTER SEASON AND ITS INFLUENCE ON HEALTH, DISEASE AND INJURIES.

THE winter season is again upon us.

In the east it has set in early and with severity.

Now the brethren who have complained so bitterly about the abnormally high standard of the general health, and in consequence thereof have had little to do, will be busy enough.

The winter season is the most severe of all others on the human being, for he alone of the animal kingdom, exclusive of those domesticated, fails to hibernate, and go in winter quarters; but he defies the elements, and, indeed, if he were not

so endowed by the Creator that he can with marvelous rapidity and safety change his environment, in a few years his race would become extinct.

Winter makes severe demands on the human being. He must have more food and more clothing, besides a comfortable and wholesome habitation.

Will the bacteriologists please explain how it is, if all febrile diseases are caused by a vegetable parasite which demands heat and moisture for its propagation, that in the winter, during a very severe and dry frost, every type of the febrile state is prevalent and is terribly destructive to life?

If the germ-theory, as a causative factor of traumatic inflammation after injury, holds, how is it that the exposure of a wounded surface is attended, in cold weather, with great danger of erysipelas and gangrene?

There can be no question that the germ-theory will not in itself explain the etiology of the febrile state, and that, of all things, there is nothing so dangerous to health, in a general way, in winter, as "taking cold."

Ventilate, then, as much as you please, but don't ride your hobby to death and freeze the life out of your patient.

Heat in winter is a coloric aliment for the sick, and as necessary to them as air and water. See to it, then, that in all cases of injury, whatever else you do, your patient is to be kept warm, for heat is life and cold is death. T. H. M.

LITHOTO-LITHOTRIPSY.

THE last twenty years has worked marvelous changes in the surgery of the bladder and urethra.

It must be conceded, that America has occupied a position in the first rank of progress in the domain of surgery. Otis was the first to demonstrate the remarkable lateral distensile properties of the urethra, and was promptly followed by

Bigelow of Boston, who gave to the world lithopaxy; in that operation, by which a calculus is seized crushed and completely washed out, in one sitting. Keys and Maguire gave a new operation for the treatment of prostatic disease; another surgeon of New York, has recently given us a new operation, by which, chronic, old urethral fistulae, may be promptly and radically cured, by a simple and always safe procedure. But what we would call attention to now is the operation of Lomean, of Bordeaux, for the treatment of larger, or complicated concretions in the male bladder.

It is well-known that in the hands of the most skilled, for encysted, very hard or voluminous calculi, lithotripsy is an unsafe and unreliable procedure; the instrument may fail to lock, it may get out of order; or fail to crush the stone. It would be criminal to try its employment on an encysted stone.

Of late years, it has been common to enter the bladder, through the roof, as it were, by performing supra-pubic cystotomy.

For the uninitiated the operation was a most seductive one. Little or no art is demanded for its performance; there are no large blood-vessels in the way, and one keeps out of the cavity of the peritoneum. By it we can, not only feel the stone but we can see it. Nevertheless, to the keen investigator and observer, its alleged advantages are but dangerous delusions, and it is well-known, to be an operation full of peril and often attended by the most deplorable consequences.

Lomean has recently operated with remarkable results by a perineal operation for the extraction of calculus, combining lithotripsy with lithotomy. He reaches the base of the bladder, through an incision of the membranous urethra, now feels for the calculus, determines its contour, consistence and location, when

Bigelow's machine is introduced, the stone seized, smashed and washed out through the large urethral incision. The operation is simple, rapid, radical and devoid of many of the dangers attending the employment of the litholotrite, along the whole course of the urethra.

T. H. M.

Annotations.

A CONTRIBUTION TO THE ETIOLOGY OF NEURALGIA OF THE FIFTH NERVE.

TRIGEMINAL neuralgia (*Berl. Klin. Woch.* 1893, No. 44) is caused by diseases of the ear, of the teeth, of the nose and the cavities connected with it, by diseases of the central nervous system, infections and intoxications, and by changes in the nerve itself (hyperemia, inflammation, etc.) Boennecken speaks of a form depending on disease of the teeth. It is understood that destruction caused by caries and its consequences should be remedied in every case (extraction of roots and of teeth that cannot be filled, filling of all the cavities discovered). But there is still a small number of cases where diseases of the pulp of an apparently healthy tooth may cause severe forms of neuralgia. The diagnosis in these cases can only be made by a careful examination of every tooth, cold and hot sounds, percussion, test for loss of transparency with electric light, and exploratory trepanations of the cavity of the pulp. B. has found calcareous concrements and hyperemia in the pulp of such teeth and was able to cure the neuralgia.

PYOCYANIN IN DIPHTHERIA.

DR. HORING (*Stuttgart*) reports on 112 cases of diphtheria treated and cured with pyocyanin (pyocyanin. caeruleum. 1.0: aq. destillata 30.0.) He applies the solution twice or three times a day by brushing carefully the inflamed parts. Besides the local antiseptic effect, which destroys the diphtheritic membranes, he observed always a favorable ac-

tion on the local pain and on the fever. Instead of giving the drug internally he merely had the patients swallow and not spit out the pyoctanin after the application with the brush. He prescribed besides this gargarisms with diluted lime water (1:2), and every two hours a teaspoon of a 5 per cent. salicylate of sodium solution. Moreover inhalations of lime water and great care in nourishing the patient. He would also introduce some absorbent cotton imbibed with pyoctanin solution into the nostrils where diphtheria extends into the nose.

The rather exact histories of the 112 cases are certainly encouraging enough.

—*Memorabilien, Oct., '93.*

ICHTHYOL IN OTITIS.

DR. SOLT communicates in the *Berl. Klin. Woch.* his experience with ichthylol in otitis. Remembering the antiphlogistic, soothing and resorbing properties of ichthylol and the good results in para and perimetric processes, he used ichthylol in a case of acute inflammation of the middle ear, where incision was not allowed and other remedies had failed. He had applied three times a day a few drops of ichthylol 1.0, aq. destill, glycerini aa 7.5 in the ear. The pain stopped in one day. A few days later the tympanum had a wavy, whitish surface, after having been bulging and very tense. After the use of the drops through three weeks, the process was perfectly cured. Solt used the drug repeatedly in acute and subacute middle ear catarrhs with much success.

FORMS AND DIAGNOSIS OF ULCERS OF THE STOMACH.*

By GERMAIN SEE.

THIS distinguished member of the French Academy has recently presented an elaborate and learned essay on the subject of gastric ulcer. Owing to its considerable length and detail nothing can be attempted, in the present instance, other than to present an outline of this learned contribution.

Bulletin de L'Academie de Medicine. Translated by T. H. M.

He commences by dividing gastric ulcer into three categories.

1. Ulcers attributable to chemical changes due to hyper-secretion of hydrochloric acid, fermentation and evolution of noxious gases.

2. Ulcers of gastric catarrh, glandular gastritis, cirrhosis, atrophy of the mucous membrane or cancer.

3. Those relating to neuro-motor troubles followed by chemical changes, dilatation of the stomach, vomiting and gastralgias.

The pathological anatomy of gastric ulcer was first analytically studied by Anveillier in 1830. This author believed that neurotic, changes commenced in the mucosum which, as it penetrated more deeply involved the larger vessels and at times extended through all the walls into the peritoneal cavity.

The round ulcer is the most common type. This may pursue a slow course close and cicatrize; to be followed by another. The seat of pre-dispositions for an ulcer is at the pylorus, near the curvature, on its posterior surface. This type of ulcer is particularly dangerous when it penetrates deeply, because the splenic artery lies directly in its course and may be opened. This ulcer has a broad base with tumefied edges, and may have its starting point in a local endometritis or an aneurism.

In fifty per cent. of ulcers of the stomach according to Ewald there is hematemesis, but in many the blood collects in the cavity of the stomach, or flows directly into the intestine. In these cases when a vessel is opened syncope sets in suddenly, the patient becomes deathly pale and has chills. Shortly the warm blood is felt welling up into the esophagus and the patient is horror-stricken at the sight of blood, which now comes in torrents through the mouth. The blood is usually bright red in ulcers and dark coffee color in cancer or cirrhosis. Jaworski and Korczinski have found the acidity enormously augmented in these cases. There was a rapid conversion of the oxyhemoglobin into chloro-hydrate of hematine which gave the blood a reddish-brown tinge. Moderate hemorrhages cease and prolapse because the orifices of the vessels are thrombosed or temporarily closed, perhaps by the movements of

the stomach, or chemically by the gastric juice. When the blood escapes in small quantities and makes its way downward through the small intestine, it is emulsified with the chyle, and is thrown off with the feces in black coagulated masses, where it may escape detection. Sometimes there are small hemorrhages in the intestine mingled with the feces.

According to Schmauss these are often a sign of pernicious anemia. Symptoms of bleeding ulcer of the stomach. These are not difficult of recognition in acute perforating ulcer, but with those of gradual onset we will recognize them by the sudden syncope, weak pulse, dizziness, extreme pallor and sudden oppression at the hypogastrium. These with the preceding history give quite conclusive evidence of gastric hemorrhage.

Curability—Notwithstanding the suddenness of the outset and extreme loss of blood, this type of ulcers seldom kill, particularly in early age. Hood in Guys' Hospital in a statistical report from 1870 to 1890 found that the vast majority of patients were under 30 years of age in 66 cases 20 were under 30 of which there were but two men; while in 24 cases from 30 to 40 years of age eleven were men. All of these recovered.

In seven cases in which death followed, mortal symptoms immediately set in after hemorrhage, with these the age was from 33 to 40 years.

It is therefore obvious that the prognosis is better in early life than at critical periods of one's existence when they have marked forty. Diagnosis of bleeding ulcer. Esophageal varices in cirrhosis, Blume Debore, Stanly Wilson, Sachs Welkel and Ewald report many cases of fatal hematemesis from this lesion. Alteration in the walls of the stomach have been recognized as a cause as well as varices and aneurisms in the walls of the stomach.

The great difficulty, in many cases is to separate the malignant from the non-malignant; but generally the clinical history and the quality of the vomited material will throw some light on the subject.

Vicarious menstruation from the stomach has been noted. Hemorrhage from the stomach may follow traumatism, though this undoubtedly is rare.

(It must be admitted that the source of hemorrhage in gastric ulcer is often very difficult. Here chemistry and the microscope are aids, but they are indecisive. There is one thing of immense importance in diagnosis, which is of great value in helping us to deal with the evidence, and aid in clearing up the diagnosis; that is sex.

In nineteen cases out of twenty in young females, the changes are in favor of benign ulcer, but hemorrhage from the stomach in the male sex is very rare indeed after adult years are attained; except when the organ is the seat of cancer. Hemorrhage from the stomach in those over thirty may not be immediately fatal, but usually is the harbinger of very serious organic changes.)

ITCHING IN URTICARIA AND IN OTHER DISEASES.

This is successfully treated by the application of a mixture of lime water, aqua lauro-cerasi and glycerine (equal parts.) After the application the diseased parts are to be covered with a thin layer of cotton.

—*Rundschau f. Pharmacie*, 34, '93.

TREATMENT OF PERTUSSIS.

UNRUH recommends for the treatment of whooping cough in the beginning to touch the pharynx with tincture of iodine or tannic acid or to make insufflations with quinine and inhalations of turpentine. Internally the point of a knife of tannate of quinine mixed with six parts of sugar. Later on bromides and especially antipyrin.—*Prg. Med. Woch.*

RESECTION OF OVARY.

A. SIPPEL reports a very interesting case of partial resection of the diseased ovary in the *Centralblatt fur Gynäkologie*. A woman, 30 years of age, who had borne once, but wished ardently to have more children, was to be operated for tumors of both ovaries. The right ovary, transformed into a tumor of the size of a child's head, was removed. The left ovary, of the size of an egg of a goose, showed at its hilus a completely preserved streak of normal tissue. The normal tube and the blood vessel accom-

panying it were temporarily controlled by compression. The largest part of ovary, as far as it seems degenerated, was cut away and the wound was shut by ligatures of catgut. There remained streak of normal ovarian tissue 3 cm. (1 inch) broad and $\frac{3}{4}$ mm ($\frac{1}{8}$ inch) thick. The recovery was perfect. Two years and six months later a healthy child was born. This report does not require any explanation or additional remarks!

THE BACILLUS OF TYPHOID.

DR. K. HINTZE (Bostock) showed that the bacillus of typhoid can live in the human body more than ten months, causing suppuration (especially of tibia) of long duration and sometimes causing purulent meningitis. In two cases he shows that the typhoid bacillus itself caused these complications, and that they are not necessarily due to secondary infection.

—*Centralbl. f. Bakteriologie.*

FRENCH NOTES.*

RHINO-LITHIASIS RESULTING FROM OCCUPATION.

BEITZ found in a cement worker, a mass of concretions, constantly forming after removal; he also found them in other fellow workmen. The location was on the middle turbinated bone, and the concretions were similar in all. All had either hypertrophic or atrophic rhinitis, but no other lesions. In another factory out of 300 workmen there were at least twenty attacked with rhinolithiasis which sometimes causes perforation of the septum. Workers in bichromate of potash factories are liable to perforation of the septum in consequence of the corrosive dust arising from the chemical; and other trades such as lime burners, snuff makers and workers in woolen fabrics are liable to concretions.

—*Revue Internat. de Rhinologie, etc.*

ICHTHYOCL hypodermically, has been experimented with by M. Damiens, on frogs and rabbits, with the result of demonstrating its complete freedom from bad effects. From one to twenty

*Translated by E. W. Bing, M.D., Chester, Pa.

grams were injected into rabbits. The injection of ichthyol did not produce cutaneous anesthesia, but it had a marked "decongestionizing" power on which rests its efficacy in dermatology. In conjunctivitis the author had good results and in a case of herpes zoster with intercostal neuralgia it lessened the eruption and pain.—*La France Medical.*

THE APPEARANCE AND CONDITION OF THE EYES IN CHOLERA.

DR. L. WEBSTER FOX, in the *Medical Bulletin*, says: "There is probably no disease in which such rapid changes take place as in the eyes of patients afflicted with Asiatic cholera. Great changes are to be expected, especially in those cases where the fluids of the body are drawn off and discharged with such rapidity.

"The first symptom of ocular change in serious cases of cholera is a bluish discoloration affecting the eyelids and loss of contractility of the orbicularis muscle, which almost prevents the patient closing his eyes, or allows him only to do so with great difficulty. The skin is dry and harsh, the secretion of tears diminished, and in consequence the conjunctiva becomes very dry (xerosis), especially that part of the conjunctiva which is not covered by the eyelids. Ecchymosis comes on rapidly and means a fatal ending.

"In the earliest stages the cornea becomes bright and glistening, but in a very short time a roughening of the corneal epithelium is noticed (desiccation); then follows, at the close of the algid stage, a decided keratitis, and which ends in suppuration of the cornea in about two days. But before suppuration, sometimes an eschar of brown color is formed in the lower part of the cornea. Von Graefe considers that the keratomalacia which follows in cholera is of a neuro-paralytic nature, but, according to Berger, desiccation plays a very important role in the pathology of this disease. The sensibility of the cornea is always diminished toward the end of a serious case of cholera. During the comatose period the eyes are directed upward, so much so that a very small part of the cornea is visible. The appearance of black patches

in the sclerotic is a very unfavorable symptom. The patches show themselves around the lower edge of the cornea, their form is irregular, and they attempt to push toward the surface and coalesce. Von Graefe and Boehm say that these patches are produced by the desiccation of the sclerotic; they may also be seen on the lower lids. We do not have any data as to the pathology of this condition.

"During the algid period the eyeballs are sunk in the orbit (enophthalmus), and is due (Daland) to a considerable diminution of the liquids of the retrobulbar tissues.

"The pupils are usually contracted during this period, but in the early stage the pupils are frequently dilated. Von Graefe declares that myosis—contraction of the pupil—in the algid period is caused by the paralysis of the great sympathetic nerve. Jacobson thinks, however, that it is due to mechanical causes, or to the alteration of the blood-vessels; Bouchard, to an auto-intoxication (uremia) resulting from the accumulation of toxic properties in the economy, the condition of the kidneys not permitting them to eliminate the deleterious substances. Experimental injections have been made, in animals, of urine taken from cholera patients, but the only results obtained were contractions of the pupils. No other cholera symptoms became manifest. According to Dr. Costa prompt reaction of the pupils to light was considered a favorable symptom, while sluggish reaction, whether the pupils were contracted or dilated, presaged a fatal ending.

"The opacities noticed in the crystalline lens or vitreous body prove that the uveal tract is also attacked. The ophthalmoscope, during the algid period, shows a decided contraction of the retinal arteries, of which the color is a very deep red, and with very little pressure on the eyeball the arterial pulse is produced or the retinal vessels emptied. Berger claims that these phenomena are the results of weakness of the cardiac muscle and of the diminution of the intra-vascular tension. They are noticed at the same time with the disappearance of the second sound of the heart and the radial pulse. Contrary to the arteries, the retinal veins

have their normal diameter and contain dark venous blood. Von Graefe has seen the blood current interrupted in the veins, small sanguinary cylinders flow by pulsations toward the optic nerve; this phenomenon may be compared to that which is observed in some cases following embolia of the central artery of the retina.

"The loss of vision, which takes place during the algid period when not due to corneal disturbances, is probably due to the amblyopia engendered by the microbes or the uremia, which is frequent during this stage. If patients recover, all ocular symptoms disappear. In the reactive period of cholera a marked hyperemia of the conjunctiva is seen, which may even degenerate into a catarrhal conjunctivitis. The secondary complication, designated by the name of typhoidous cholera, has no special influence on the eyes. Joseph says, nevertheless, that the pupils are always contracted save in the serious cases, where they are dilated."

Book Notes.

Books and Pamphlets received :

REMARKS ON THE WRITINGS OF LOUYSE BOURGEOIS By Hunter Robb, M. D., Associate in Gynecology. Reprint from *The Johns Hopkins Hospital Bulletin*.

RECENT PROGRESS IN ELECTRO-GYNECOLOGY. By G. Betton Massey, M. D., Philadelphia. Reprinted from the *Journal of The American Association*.

THE PATHOLOGICAL SIGNIFICATION OF IMMUNITY By A. L. Chapman, A. M., M. D., Kansas City, Mo. Reprint from *The Kansas City Medical Record*.

STUDIES AND METHODS IN SUPRA-PUBIC HYSTERECTOMY. By Joseph Eastman, M. D., LL. D., of Indianapolis, Ind. Reprinted from the *North American Practitioner*.

A FEW POINTS OF INTEREST TO THE FAMILY PHYSICIAN. By Joseph Eastman, M. D., LL. D. Indianapolis, Ind. Reprinted from the *Journal of the American Medical Association*.

Bureau of Information.

Questions on all subjects relating to medicine will be received, assigned to the member of our staff best capable of advising in each case, and answered by mail.

When desired, the letters will be printed in the next issue of the Journal, and advice from our readers requested. The privileges of this Bureau are necessarily limited to our subscribers. Address all queries to

Bureau of Information,

TIMES AND REGISTER,

1725 ARCH STREET,

Philadelphia, Pa.

WILL you kindly inform me through the column of your most excellent journal, the TIMES AND REGISTER, about the drug dermatol. What is its chemical name. I sent east to a drug firm for bismuth subgallate and dermatol was sent me and I was informed that dermatol and bismuth subgallate were one and the same drug. Have you had any experience with the use of dermatol, and if so, in what particular diseases, did you find it sufficient? To whom should I write for literature on that drug?

E. EMERSON M.D.

SPRING ARBOR.

[Dermatol or bismuth subgallate is an antiseptic remedy of some value, it does not give rise to irritation and is not absorbed. It is largely employed in surgery in place of iodoform, and also in dermatology and gynecology.

Internally it has been employed for gastric disturbances. Dose about two drams daily.

—Ed. T. & R.]

The Medical Digest.

MEDICINE.

A Prolonged Fast.—There is reported from Russia a case of unusually long fasting. A young girl of seventeen was overtaken by night near the village of Ruzino in Moscow on the 24th of last November. She took refuge under a small outbuilding covered with straw. During the night it snowed violently, and in the morning the girl was unable to force her way from under the snow.

The first day she ate five bits of bread she had with her, after which she had no food but the snow. Fifty-one days later she was discovered buried under three feet and a half of snow. On being taken to the hospital on January 14th, she was in a state of extreme exhaustion and unable to move a limb, though entirely conscious. There was a general cutaneous anasarca. The mucous membranes were excessively pale, and there was no trace of panniculus adiposus. The muscles were much atrophied. The respiration was 26; the pulse 84, small and feeble; the temperature 38° C. The cardiac sounds, though weak, were clear, and there was an anemic murmur in the cervical vessels. The urine was concentrated, but contained no sugar or albumen. For the next two days she remained semi-conscious and somnolent, but rapidly recovered, and at the end of a week was able to take ordinary hospital diet.—*Boston Med and Surg. Journal.*

Treatment of Tonsillitis.—Fabre at the recent Congress at Besancon reported forty cases of tonsillitis successfully treated by inhalation of hot air charged with creasote and carbolic acid. The cough was at once relieved, and a resolution obtained in two days. In ten cases of threatened suppuration the painful deglutition was relieved after an inhalation for half an hour. The softened areas disappeared on the second inhalation. The mixture used was beech-wood creasote, five grammes, and crystallized carbolic acid, fifty centigrammes. In the only case of diphtheritic tonsillitis thus treated, the tonsils which were covered with thick false membrane became, after three inhalations, perfectly clean. The mucous membrane soon recovered its normal appearance, and the glandular swelling rapidly diminished. In this case the amount of carbolic acid was increased to one gramme.

—*Boston Med. and Surg. Journal*

The Etiology of Chlorosis.—Meinert (*Wien. med. Woch.*, No. 41, 1893) attributes chlorosis to displacement of the stomach (gastrophtosis) induced by the prevailing custom of constricting the lower portion of the thorax by means of stays. He speaks of an increased irri-

tability of the prolapsed organ, probably due to the stretching of the nerve fibres which course from the solar plexus to the lesser curvature of the stomach. He believes that gastrophtosis is present in all cases of chlorosis, and persists after the blood condition has been cured. He accounts thus for the marked tendency to relapses. In growing girls he regards the condition as curable if the exciting causes are removed, but in the fully grown adult the condition cannot be cured. Similar changes are induced, he states, in cases of chest deformity due to rickets (pigeon breast) and in persons of phthisical habit.

Dropsy of Bacterial Origin.—Hamburger (*Deut. med. Woch.*, October 19, 1893) first refers to the view advanced by him that the capillaries are not to be looked upon as a filter, but that they have also secreting properties. He details the examination of the fluid from the following case: A boy, aged 9, had been ill for three months with swelling of the abdomen, legs and genitals. The urine contained no albumen. The liver was enlarged. As the fluid rapidly accumulated after tapping the abdomen was incised. This latter procedure had had to be repeated as the fluid again collected. A specimen from this latter was examined. Thirty cubic centimetres of this filtered, turbid yellowish-green fluid were injected into the saphenous vein of a newly-born calf, and the discharge from the thoracic duct was noted to be increased. If the fluid were previously heated to 56° for two hours no such effect was obtained. Micrococci in pure culture were obtained from this fluid. Some clear and filtered ascitic fluid was heated up to 56°, and after cooling was inoculated with these micro-organisms. After filtration it was divided into two parts, one of which was heated up to 56°. The part not heated had marked lymphagogue properties, but the other had none. It was shown that when a culture of the living micrococci was injected into the blood stream the lymphagogue properties were more slowly developed than if their products were injected. During an experiment fluid was poured out from the nasal mucous membrane, and fluid also appeared in the abdomen, etc.,

the latter containing these micrococcus. Thus it was proved that the hydrops in the above-named case was due to the action of the products of this micro-organism. The author then gives the morphological and bacteriological properties of the micro-organism in question, which he calls *bacterium lymphogon*.

—*British Med. Jour.*

Dr. James E. Garretson says that no one who can eat fats ever dies of phthisis.

SURGERY.

New Operation for Radical Cure of Large Umbilical Hernia.—Gersuny (*Centralbl. f. Chir.*, No. 43, 1893) states that for the last two years it has been his practice after median laparotomy to bring the exposed margins of the recti muscles into immediate contact by sutures. In this way the yielding linea alba is eliminated at the seat of operation, and replaced by a continuous layer of contractile muscle. The good results obtained from this method have led the author to apply it in operations for the radical cure of umbilical hernia.

An Epidemic of Priapism.—Dr. Meynier, a French army surgeon, has recently published a curious bit of medical experience. A company of troops *en route*, having halted for some time at El Hacaiba, the men were nearly all seized with priapism and prolonged and painful erections. Considering that an absence for some time from a garrison town might be the cause, the surgeon ordered light diet and flaxseed tea. The condition, however, became steadily worse. The erections continued throughout the company, and the men began to complain of great lassitude and dryness in the throat. Finally many had marked haematuria. Careful investigation disclosed the real cause of the trouble. During their leisure the men had been hunting frogs at a neighboring stream. The poplar and willow trees along the banks were found to be thickly covered with coleoptera of the family of cantharides meloe. Chilled in the early morning they fell by thousands into the water where they were

gladly and greedily devoured by the frogs—which latter gave similar pleasure to the soldiers. The taste of the flesh was in no way injured, but its effect upon the genito-urinary system of the soldiers was disastrous. The removal of frogs' legs from the bill of fare put an end to the curious epidemic in a few days.

—*Boston Med. and Surg. Jour.*

OBSTETRICS AND GYNECOLOGY.

Ectopic Gestation.—Cordier (*Journ. Amer. Med. Assoc.*, September 16th, 1893) operated successfully on this case in April, 1893. The patient, aged 24, and married, had never conceived. In August, 1891, she missed a period. In November, metrorrhagia occurred and lasted three weeks, with paroxysmal pains in the uterus. Decidual shreds passed, and the patient occasionally fainted. The breasts underwent characteristic changes in December. Fetal movements were first felt in that month; they continued till April, 1892. At that date false labor pains with watery discharge were observed. In December, 1892, the catamenia reappeared, and continued regular till after March 16th, 1893. On April 20th, abdominal section was performed, as a large tumor filled the lower part of the abdomen, reaching two inches above the umbilicus. A full-grown fetus was found in the right broad ligament, into the folds of which it had evidently escaped from the tube early in gestation and survived, developing to term. It was as well preserved as though it had been in a bottle in a well-kept museum. The liquor amnii had been absorbed; a small amount of meconium was found in the sac. No lime salts had been deposited either on the fetus or on its envelopes. The uterus was slightly enlarged and its left appendages sound. Up till June 1st, when the report was read at the meeting of the American Medical Association, the catamenia had not reappeared.

For the Relief of Sterility.—Bumm (*Deutsche Medicin Wochenschrift*, 1893, No. 41, p. 1003) has reported a case of sterility in which he afforded relief by massage of the entire uterus, particularly of the cornua, and of the mucous mem-

brane of the cervix, by means of the sound. He recommends the method in cases in which no profound pathologic change exists.

Plugging of Uterus in Post-partum Hemorrhage.—Siepen (*Deut. med. Woch.*, No. 21, 1893), delivered a woman of her twelfth child, using forceps, as pains had ceased for nine hours, and the head was arrested in the pelvis. Severe flooding followed, and did not cease after manual extraction of the placenta. The patient grew very anemic. Siepen introduced the left forefinger into the cervix, and holding a dressing forceps in the right hand he passed iodoform gauze into the uterine cavity. The vagina was plugged with wool. The flooding ceased. Both tampons were removed in twenty-four hours. The patient made a good recovery.

CHILDRENS' DISEASES.

Sudden Death from Pulmonary Hemorrhage in a Young Child.—Howard (*Archives of Pediatrics*, vol. x, No. 11, p. 940) has reported the case of a girl, two years and ten months old, with a good family history, who had been "delicate," but had escaped the usual diseases of childhood. Three days before death, examination disclosed the existence of condensation over the central portion of the left lung. There was some cough, fever, and dyspnea, but no expectoration, and the child seemed comfortable and continued to play in the open air. Death suddenly took place at night from pulmonary hemorrhage. Post-mortem examination disclosed the existence of primary caseous tuberculosis of the bronchial glands, with calcification, and secondary chronic tuberculosis pneumonia in the left lung, with cavity-formation. The hemorrhage had taken place from the rupture of a large vessel in the cavity in the lung.

Tuberculosis of the Intestines in Childhood.—A consideration of a number of cases of tuberculous ulceration of the intestine shows that the ulceration may be present in every part of the intestinal canal from the duodenum to the rectum, though probably the ileum and

the cecum are more often invaded by tubercle, as they are by enteric fever. But remarkably large ulcerations may take place in the rectum, and only a few weeks ago I saw in the *post-mortem* room of Guy's Hospital a large circular ulcer, having a diameter at least as large as that of a half-crown piece.

In a girl, aged twelve, who died at the Evelina Hospital of laryngeal phthisis, and suffered also from disease of the hip joint, the colon and rectum presented tuberculous ulcers ranging from the size of a sixpence to that of a five-shilling piece.

The pathological associations of tuberculous ulceration of the bowel are numerous, and occur in children with greater uniformity or equality. Thus tuberculous ulceration may be associated with tuberculous peritonitis, with caseation of the mesenteric glands, with general tuberculosis; with a purely local tuberculosis of the lungs, or ordinary phthisis. In this last case it is often secondary to pulmonary lesion, produced no doubt in the way so common in adults, namely, by the patient swallowing the sputa.

Wesener found that an injection of tuberculous sputa into the stomach failed to produce ulceration of the bowel, but the mesenteric glands were infected. Necessarily therefore, the gastric secretion spared something. On the other hand, injection of the sputa directly into the bowel caused intense tuberculosis of the gut. Wesener explains the facts by supposing that the gastric juice kills the bacilli, but leaves the spores unharmed. And he further states that the action of the gastric juice is paralyzed by alkalies and by milk, of which the curds surround the bacilli and thus convey them safe through to the bowel. That in ordinary cases of phthisis the intestine suffers so much is, he says, due to the catarrhal condition of the stomach interfering with the protective operation of the gastric juice. The view that the normal gastric juice destroys the bacilli but spares the spores is combated by Fischer; and, indeed it may be asked if the intestine is unprotected because the gastric juice is rendered inoperative upon the bacilli by mucus, why the stomach itself remains exempt in all but the very rarest of cases. It cannot surely be said

that no phthisical patient gets ulceration of the bowel till he takes to a milk diet.

British Med. Journal.

New York City's Health Commissioner on Disinfectants.—Dr. Edson says Platt's Chlorides is the best. In an extended article on "Disinfection and Sanitary Precautions," in a recent number of *The Doctor of Hygiene*, Dr. Cyrus Edson, Health Commissioner of the Board of Health, New York City, gives very good advice relative to the proper safeguards to be employed in order that good health may be maintained and epidemic or contagious diseases avoided. His remarks, although designed for a period when there is fear of contagious disease, apply equally to the hot weather, when a neglect of sanitary precautions will result in what are known as "summer diseases."

Referring to the importance of thorough disinfection, and the employment of such chemicals as are best known, and to be relied upon as true germ killers, and after stating how to prepare and employ different crude materials, he adds: "In case these mixtures cannot be made for any reason, as for example, the trouble and bother involved, Platt's Chlorides is the safest and best of the specially prepared disinfecting solutions now on the market."

It is gratifying to us and undoubtedly to most of our readers to feel that this well-known and so universally employed disinfectant is thus endorsed by one of such high authority and of such great experience in matters of domestic sanitation. Platt's Chlorides is a clean, nice and unobjectionable preparation; a liquid without odor or color, cheap, powerful and deservedly popular, always ready to do its work thoroughly and well.

—*The Trained Nurse*, June, 1893.

An Old Friend.—In a series of interviews with members of the last Congress, 31 out of 43 remarked that they were readers of *The Youths' Companion*. For definite and trustworthy information on the questions of the day it is really unique, while the high character of its stories, the wide fields covered by its spe-

cial articles, and its contributions from the most famous writers in Europe and America, are well known.

Its programme for next year seems brighter than ever. Some of the important stories are: "The Deserter," by Harold Frederic; a Tale of the Great Mutiny in India, by Sara Jeannette Duncan; several Romances of the Sea, by W. Clark Russell; Tales of the War, and of the Frontier in Early Days. Henry M. Stanley contributes two thrilling narratives from Darkest Africa, and Archibald Forbes writes of his "Closest Call." Naval Battles are described by Admirals, and Military Life by Generals. Then there are articles on Choosing an Occupation, Boys Who Should Not Go to College, Physical Training, Recreations of all kinds, and many other practical subjects.

Monthly Report of N. Y. State Board of Health.—The reported mortality for the month has decreased from a daily average of 311 to one of 290; in the corresponding month of last year about 100 more deaths occurred. The death rate for cities and large villages was 18.50 per 1,000 population, and of the rural parts of the State about 15.50, that of the entire State being about 18.00. The mortality in rural towns is much less than that of last month and less than it was a year ago. The decrease applies equally to all parts of the State. From the principal *Zymotic diseases*, except from *Diarrhoeal diseases*, which caused 861 fewer deaths than in September, there has been an increase in mortality. The autumn increase in *typhoid fever*, which was low last month, is greater than usual, fifty more deaths occurring than last October; the increase has been in the Maritime and Western Districts. There were 185 more deaths from *diphtheria* than in September, and the increased prevalence over last year continues, being confined to the Southern and Central Districts; its prevalence is noted in Haverstraw, Tivoli, Sandy Hill, Moreau and Ilion. There is a slight increase in *scarlet fever*, but it is less prevalent than last year. *Measles* and *whooping cough* are decreasingly prevalent and cause but few deaths. *Small pox* is diminishing in New York and vicinity; a case of varioloid de-

veloped in Geneva early in November, the origin of which has not been satisfactorily determined. The temperature for the month was a little above the average of 52°; killing frosts occurred about the seventeenth. The rainfall was generally deficient, except as reported from the New York Station.

Fashionable Quackery.—Sir James Crichton Browne, in his address before the Sheffield Medical School, in alluding to medical ethics expressed the opinion that the present widespread patronage of quackery is a real humiliation to the medical profession. "It is patronized in high places, but the very hotbeds of it are our fashionable watering places and health resorts." Sir James declares "our learned clerics are most addicted to it—the skilled artisans the least"—and he thinks these clerics should "seriously reflect that in giving countenance to nostrums they exhibit a credulity and superstition that must seriously impair their usefulness in their sacred calling with all thoughtful men."

—*British Journal of Dental Science.*

A New Innovation in Medical Meetings.

—The Congress of Norwegian Physicians, which recently convened at Christiana, held its sessions on a steamer which moved from place to place, whereby the members were afforded fresh air and change of scene while pursuing their scientific work. One of the district societies of Michigan, some years since, adopted this same plan when meeting at cities and towns on the Great Lake chain. The example is worth following for mid-summer congresses and societies.

—*Medical Age.*

DR. LEO EGGER, OF VIENNA, ON AMERICAN MANUFACTURING PHARMACY.—The eagerness of Americans in general to learn what European travelers think of our land and its institutions, and their excessive sensitiveness to the severe criticisms of some distinguished foreigners in the past—Charles Dickens, for example—have long been regarded as constituting an amusing foible in the national character. The all-exaggerat-

ing humorist has not failed to seize upon this trait, and to make all manner of fun of the enterprising journalists who send their reporters out in tugs to greet the arriving celebrity and ascertain his "impressions of America" ere he puts foot on our soil.

Certain it is that an unusual interest attaches to the comments of intelligent Europeans, if made with proper care after ample and adequate opportunity for observation, reflection and comparison. Such interest is not found wanting in a recent contribution to the well known *Pharmaceutische Post*, by Dr. Leo Egger, of Vienna, on the subject of American pharmacy in general and, notably, the development of industrial pharmacy as typified in our most extensive manufactures. We quote briefly from Dr. Egger's report:

"It remains for me to speak briefly of individual manufacturing establishments. This journal has previously contained such detailed reports on Parke, Davis & Co., of Detroit, that I need add but a few words respecting the internal operation of these laboratories which stand alone in extent and perfection of equipment. The most outrageous pedant is forced to unqualified admiration when he sees the painstaking care and caution to ensure reliability, with which the colossal manufacturing operations are conducted, and with which every single pill, tablet, solution and extract is made actually and absolutely to contain what is claimed on the label. This is achieved by a remarkable system of graduated responsibility within the entire corps of officials, each superior being held accountable for the errors of his subordinates, should the real culprit not be detected.

"A visit to this factory shows that operations on a manufacturing scale are conducted at no sacrifice whatever of the accuracy and caution characteristic of our craft—on the contrary, that the extensive production renders possible a perfection in the preparations which would be inconceivable in work of lesser magnitude.

AMERICAN PROSTITUTION—No Frenchman travels in America without making a more or less attentive study of the

question of prostitution. The erotic feeling which dominates the life and literature and art of Paris makes the Parisian traveller feel that he must show some attention to the shady side of social life wherever he goes. So M. Marcel Baudouin, of Paris, after having shown to his countrymen that there was nothing of much interest in Chicago or the World's Fair, and after paying homage to the California Athletic Club, writes to *Le Progrès Médical* of "American Prostitution." He goes over the same old tales of the shameless openness of prostitution in our cities, of the lack of licensing and supervision, and ends with a very hard crack at New York, which he considers as "assuredly the most debauched city of the two Americas." Such a statement will hurt the feelings of Chicago more than it will those of New York, for, as we understand the situation, Chicago's greatest pride after the World's Fair, was in its immeasurable and unrivalled sinfulness. M. Baudouin adds the usual compliment of hypocrisy to our debauchery, and expresses in a general way his lament at the inferior condition of our public morals.

All this comes from a country in whose history is embalmed the infinite public rottenness of the Panama canal. We are sorry Mr. Baudouin did not stop in New York long enough to see the work of our hospitals and colleges, rather than spending his time in the night displays of the Tenderloin district.

—*N. Y. Med. Record.*

Patents.—The following list of patents granted for inventions relative to the medical and surgical instruments, is reported especially for the **TIIMES AND REGISTER**, by Glascock & Co., patent attorneys, Washington, D. C., of whom printed copies can be had for 15 cents each.

November 28th, 1893. George G. Crosby, assignor to Electric Disinfectant Co., New York, N. Y., Disinfecting device.

Frederick A. Dietrich, Freeport, Ill., Inhaler.

Michael McNalley, St. Louis, Mo., Forceps.

Charles J. Pilling, Philadelphia, Pa.,
Hypodermic syringe.

William Scott, Medford, Mass., Standard for lavatories.

Expired November 28th, 1893. F. A. Stohlmann, Surgical s.w.

December 5th, 1893. H Hobbs, Milwaukee, Wis., Extensible dental engine bracket.

O. H. Pieper, San Jose, Cal., Electric apparatus for operating dental implements.

H. I. Blits, New York, N. Y., Hygienic vapor and hot air renovator.

E. Boeckmann, St. Paul, Minn., Sterilizer for surgical dressings.

Expired December 5th, 1893. 185-085, R. B. Donalson, Dental plugger.

Prescriptions

WHOOPING COUGH.

R	Pulvis belladonna radicis	0.01 gram
	Pulvis ipecac, et opii	0.03 "
	Sulphuris	0.50 "
	Sacchari albi	0.50 "

Mix. For one dose, Sig. 2 to 10 a day according to age and effects.

—G. See.

R	Thymolis	1.20 gram
	Acidi carbolicci	15 "
	Olei sassafrase	
	Eucalypti	
	Picea liquidæ . . . aa . . .	7.50 "
	Olei terebinthine	
	Etheris . . . aa . . .	4. "
	Spt. vini rectificati . . .	90 "

Sig.—Use by inhalation, by placing 30 drops on a napkin fastened around child's neck every two or three hours.

G. See

R	Acidi carbolicci	0.15 gram
	Potassii bromidi	3. "
	Tinctura belladonna	1.20 "
	Glycerini	12. "
	Aqua	60. "

Sig.—Eight to ten grammes for child from three to four years.

G. See

R	Antipyrin	
	Resorcin	0.75 gram
	Acidi hydrochlorici	0.60 "
	Syrupi simplicis	30. "
	Aqua	105. "

R	Resorcin	0.75 gram
	Antipyrini	30. "
	Syrupi simplicis	105. "

Sig.—From three to five dessertspoonsfuls each day. Average duration under this treatment is twelve days.

—Galragne

REMEDY FOR WARTS.

R	Salicylic acid	1 part
	Lactic acid	1 part
	Collodion	2 parts
M	Sig.—Applied twice a day.	

Elaborate Preparation.—A candidate for registration at a recent meeting of the Massachusetts Pharmacy Board was required to remove his cuffs which were found inscribed with answers to 74 questions which the previous experience of the candidate led him to expect would be asked him. The answers embraced 26 affecting specific gravity, 30 on solubility and 18 on strength percentages. This was the sixth attempt of this candidate to pass examination, but in spite of the elaborate preparation it resulted in failure.—*Pharmacent Era*

FLAVELL'S SUSPENSORY BANDAGES AT ALL DRUGGISTS.

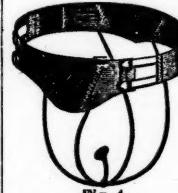


Fig. 4.

FLAVELL'S IMPROVED UTERINE SUPPORTER.

Price to Physicians,

\$2.00

No Leather to become hard or stain the Linen. Made of Silk Elastic with Sateen Jean Trimmings. Never fails to give perfect satisfaction, even in the most difficult cases where any instrument can be used.

DIRECTIONS FOR ORDERING.—Give Circumference of Abdomen two inches below navel, and state if for Prolapus, Anteversion or Retroversion.

ABDOMINAL SUPPORTERS.

Directions for Measurement:

Give exact circumference of body at K, L, M.

-M Price to Physicians

-L Silk Elastic \$2.75

Thread Elastic 2.00

-K



Fig. 1.

Never fails to give perfect satisfaction, and is very comfortable to the patient.

It is indispensable for women during pregnancy and after confinement, as it prevents those bearing down pains which are experienced during gestation. Goods sent by Mail upon receipt of price, or by Express C. O. D., charges for returning money added.

G. W. FLAVELL & BRO.,
1005 SPRING GARDEN STREET,
PHILADELPHIA, PA.

SEND FOR PRICE LIST OF ELASTIC STOCKINGS.